



Elaine F. Marshall, Secretary of State  
Local Government Unit Amendment 2023

**Previous Registration Information**

Local Government Unit: \_\_\_\_\_

Physical Business Address of Local Government Unit: \_\_\_\_\_

\_\_\_\_\_

Name and Title of Local Government Unit's Contact Person: \_\_\_\_\_

Mailing Address of Local Government Unit's Contact Person: \_\_\_\_\_

\_\_\_\_\_

Telephone No. of Local Government Unit's Contact Person: \_\_\_\_\_

E-Mail Address of Local Government Unit's Contact Person: \_\_\_\_\_

**Amended Registration Information**

Physical Business Address of Local Government Unit: \_\_\_\_\_

Name and Title of Local Government Unit's Contact Person: \_\_\_\_\_

Mailing Address of Local Government Unit's Contact Person: \_\_\_\_\_

\_\_\_\_\_

Telephone No. of Local Government Unit's Contact Person: \_\_\_\_\_

E-Mail Address of Local Government Unit's Contact Person: \_\_\_\_\_

**Certification of Amendment**

I hereby certify that all information disclosed in the "Local Government Unit Amendment Statement" is true, complete, and correct in accordance with G.S. § 120C-206(c).

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Date

**Preparer Information if Other than Contact Person**

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date